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Substitute for form 1449A/PTO					Complete if Known								
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number		Continuation of 09/607,615							
				Filing	Date								
				First	Named Inventor	Alistair Conkie 2654							
				Group	Art Unit								
				Exam	iner Name	Abul Azad							
Sheet	et 1 of 1			Attorn	ey Docket Number	1999-0394Con							
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	6.1-	Number Code				tee or Applicant Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear						
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Examiner Signature			-A.	K:	Date Considered	7/25/6	95						

\*EXAMINER: Initial if referenced considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of

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